M I	TAB '	ГАВ I	TAB İ	TAB 	TAB I	TAB I	TAB İ	TAB I
CONTROLLED SUBSTANCE TRAINING AID UTILIZATION RECORD For use of this form, see AR 190-12; proponent agency is ODCSOPS PAGE NO. OF PAGES NO. OF PAGES								
CONTAINER/TRAINING AID NO.		ORGANIZATION/INSTALLATION				DEA REGISTRATION NO.	DEA FORM 2	22 NO.
DATE AND TIME OUT	WEIGHT OUT	RECEIVED BY (Signature, grade and title)	DATE AND TIME IN	WEIGHT IN	RECEIVED BY (Signature, grade and title)	REMARKS		
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